STATE OF NEW MEXICO ENERGY ON MINERALS DEPARTMENT

20. 40 COPPED BEEGEVER			
DISTRIBUTION			
SANTA FE			
FILE		1	
V.1.0.4.			
LANG OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROSATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised: 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE



DEC3 01988 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. DIV. Coerdior MERIDIAN OIL INC. Address P.O. BOX 4289, FARMINGTON, NM Reason(s) for tiling (Check proper box) Other (Please expiain) Change in Transporter of: New Well Cil Dry Gas POOL NAME & DEDICATION CHANGE Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease i sass No. Legas Name State, Federal or Fee BASIN FRUITLAND COAL 301 HOWELL Location Feet From The North Line and 1650 County Range SW Line of Section2 5 Township 30 N III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give dadress to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil or Condensate BOX 4289. FARMINGTON. VМ 27499 MERIDIAN OIL INC. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas T BOX 4990 EL PASO NATURAL GAS COMPANY FARMINGTON is gas actually connected? Unit If well produces oil or liquids, give location of tanks.

If this production is commingled with that from any other lesse or pool, give commingling order numbers

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowiedge and belief.

Bradduld
(Signature)
REGULATORY AFFAIRS
(Title)
DECEMBER 27, 1988
(Date)

APPROVED ORIGINAL SIGNED BY ERNIE

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for all: able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of own well name or number, or transporter, or other such change of condit:

Separate Forms C-104 must be filed for each pool in multi completed wells.